G. Poindekter

PART B-ISSUE FEE TRANSMITTAL

605.00-242-B

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate.

All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct on the patent of the patent of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS APP				2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)			
	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			INVENTOR'S NAME		,	
1995 B4M1/0213 LAW OFFICE OF THOMAS C SAITTA							
			213				
			City, State and ZIP Code				
SUITE 203			CO-INVENTOR'S NAME				
6821 SOUTHPOINT DR NORTH JACKSONVILLE FL 32216				Street Address			
	provide a desired that desired about the finance			City, State and ZIP Code			
		\mathcal{A}^{\dagger}	(
				Check if additional	changes are on rever	rse side	
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EX/	AMINER AND GROUP ART	UNIT	DATE MAILED	
08/287,761 /	/ 08/09/94	. 008	PASCUA.	7	20404	0074070	
First Named	0070777	000	rmoudh,	<u>, y</u>	2401	02/13/95	
Applicant SHAW,		MARK	Ď.	A ,			
TITLE OF INVENTION: OLL APS) BLE,	CELETICADA	NDING LIQUID		terments.			
	DELETTE AT FIL	ADING CIMOID	COMIGIN	ict	`*		
• .							
ŕ·····································					\$ 354.4		
ATTY'S DOCKET	NO. CLASS-SUBO	CLASS BATCH NO.	APPLN, TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
3 ULTRTCHÓ1	383-03	33.000 178	LTTLI	AND AND S	\$605.00	05/15/95	
			···· 1 # E #	TY YES	**************************************	0.07 1.07 7.0	
.					#00D:00	037 137 73	
***	4					00/10/70	
-	4. <u>.</u>				#000:00	0.07 1.07 7.0	
	ù. <u>.</u>				#000:00	03/13/73	
3. Correspondence address change (Complete only if there is	297 - 21	4. For printing	on the patent front			
3. Correspondence address change (Complete only if there is	297 - 21	4. For printing page, list the 3 registered	on the patent front e names of not more than d patent attorneys or agents	1 Thomas (C. Saitta	
		a change)	4. For printing page, list th 3 registeres OR, alterna having as a	on the patent front he names of not more than d patent attorneys or agents tively, the name of a firm i member a registered	1 Thomas (
	Complete only if there is	a change)	4. For printing page, list the 3 registered OR, alternativing as a attorney or	on the patent front be names of not more than d patent attorneys or agents tively, the name of a firm i member a registered agent. If no name is listed,	1 Thomas (
		a change)	4. For printing page, list the 3 registered OR, alternativing as a attorney or	on the patent front he names of not more than d patent attorneys or agents tively, the name of a firm i member a registered	1 Thomas (
BEST AVA	ILABLE CO	a change)	4. For printing page, list the 3 registered OR, alternational having as a attorney or no name with the second seco	on the patent front be names of not more than d patent attorneys or agents tively, the name of a firm i member a registered agent. If no name is listed,	1 Thomas (
BEST AVA	ILABLE CO	a change)	4. For printing page, list the 3 registered OR, alternativing as a attorney or	on the patent front be names of not more than d patent attorneys or agents tively, the name of a firm i member a registered agent. If no name is listed,	1 Thomas (
	ILABLE CO	a change)	4. For printing page, list th 3 registered OR, alterna having as a attorney or no name will set This space.	on the patent front le names of not more than d patent attorneys or agents titvely, the name of a firm member a registered agent. If no name is listed, ill be printed.	1 Thomas (
BEST AVA	O8287761	a change) DPY DO NOT U	4. For printing page, list the 3 registered OR, alternativing as a attorney or no name with the second of the seco	on the patent front le names of not more than d patent attorneys or agents titvely, the name of a firm member a registered agent. If no name is listed, ill be printed.	1 Thomas (
DEST AVA 050 MH 04/24/95	OB287761	a change) DPY BO NOT U 1 24	4. For printing page, list th 3 registered OR, alterna having as a attorney or no name will set This space.	on the patent front le names of not more than d patent attorneys or agents titvely, the name of a firm member a registered agent. If no name is listed, ill be printed.	1 Thomas (
DEST AVA 050 MH 04/24/95 6. ASSIGNMENT DATA TO BE PRINTED OF ASSIGNEE: Ultra	08287761	a change) DPY BO NOT U 1 24	4. For printing page, list th 3 registered OR, alterna having as a attorney or no name with the second seco	on the patent front ie names of not more than if patent attorneys or agents atvely, the name of a firm i member a registered agent. If no name is listed, lib be printed.	1 Thomas (C. Saitta	
DEST AVA 050 MH 04/24/95 6. ASSIGNMENT DATA TO BE PRINTED OF ASSIGNEE: U1tra' (2) ADDRESS: (CITY & STATE OR COUN	08287761	a change) DPY BO NOT U 1 24	4. For printing page, list the 3 registered OR, alternatively or no name with the second of the seco	on the patent front ie names of not more than if patent attorneys or agents atvely, the name of a firm i member a registered agent. If no name is listed, lib be printed.	1 Thomas (2 3	C. Saitta	
DEST AVA 050 MH 04/24/95 6. ASSIGNMENT DATA TO BE PRINTED OF ASSIGNEE: U1tra' (2) ADDRESS: (CITY & STATE OR COUNTY	O8287761	a change) DPY BO NOT U 1 24	4. For printing page, list the 3 registered OR, alternatively or no name with the second of the seco	on the patent front le names of not more than d patent attorneys or agents tively, the name of a firm i member a registered agent. If no name is listed, libe printed. OO CK Sa. The following fees are enclor 2 issue Fee	1 Thomas (2 3 sect: nance Order - # of Copies charged to:	C. Saitta	
DEST AVA 050 MH 04/24/95 6. ASSIGNMENT DATA TO BE PRINTED OF ASSIGNEE: U1tra (2) ADDRESS: (CITY & STATE OR COUN Jacks)	O8287761	a change) DPY BO NOT U 1 24	4. For printing page, list the 3 registered OR, alternatively or no name with the second page 2 605.	on the patent front le names of not more than d patent attorneys or agents tively, the name of a firm i member a registered agent. If no name is listed, lil be printed. Ba. The following fees are enclor State Adv Adv State Adv	1 Thomas (2 3 sect: nance Order - # of Copies charged to:	C. Saitta	
DEST AVA 050 MH 04/24/95 6. ASSIGNMENT DATA TO BE PRINTED OF ASSIGNEE: (1) NAME OF ASSIGNEE: (2) ADDRESS: (CITY & STATE OR COUNJACKS) A. This application is NOT assigned. Assignment previously submitted to the	O8287761 ON THE PATENT (print or by Tech Internat ON) On Ville, FL	a change) DO NOT U 1 24 io) Lional, Inc.	4. For printing page, list the 3 registered OR, alternational having as a attorney or no name with the second seco	on the patent front le names of not more than d patent attorneys or agents stively, the name of a firm i member a registered agent. If no name is listed, lil be printed. CO CK Sa. The following fees are enclor Chissue Fee Adv DEPOSIT ACCOUNT NUMB (ENCLOSE PART C) Issue Fee Adv Any Deficiencies in Enclor	Thomas (2 3 3 seed: rence Order - # of Copies	C. Saitta	
DEST AVA 050 MH 04/24/95 5. ASSIGNMENT DATA TO BE PRINTED O (1) NAME OF ASSIGNEE: U1tra' (2) ADDRESS: (CITY & STATE OR COUN- Jackson	O8287761 ON THE PATENT (print or by Tech Internat ON) On Ville, FL	a change) DO NOT U 1 24 io) Lional, Inc.	4. For printing page, list the 3 registered OR, alternational having as a attorney or no name with the second seco	on the patent front le names of not more than d patent attorneys or agents stively, the name of a firm i member a registered agent. If no name is listed, lil be printed. Ba. The following fees are enclor Solution Solution	Thomas (2 3 3 Sect. Sect	C. Saitta	
BEST AVA 050 MH 04/24/95 6. ASSIGNMENT DATA TO BE PRINTED OF COUNTY ASSIGNATE: (1) NAME OF ASSIGNATE: (2) ADDRESS: (CITY & STATE OR COUNTY ASSIgnment previously submitted to the clirected to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignation.	OB287761 ON THE PATENT (print or by Tech Internation on ville, FL or Petent and Trademark Office persons cover. Assignments to identified in Block 5, no a	a change) DPY DO NOT U 1 24 De) Los. a should be seeignee data will appear on the	4. For printing page, list the 3 registered OR, alternational having as a attorney or no name with the second seco	on the patent front le names of not more than d patent attorneys or agents tively, the name of a firm member a registered agent. If no name is listed, lib be printed. Ba: The following fees are enclor Sissue Fee	Thomas (2 3 3 Sect. Sect	C. Saitta Sis Indiabove. (Date)	
BEST AVA 050 MH 04/24/95 6. ASSIGNMENT DATA TO BE PRINTED OF (1) NAME OF ASSIGNEE: U1 tra' (2) ADDRESS: (CITY & STATE OR COUNTY Jackson A. This application is NOT assigned. Assignment previously submitted to the directed to Box ASSIGNMENTS.	ON THE PATENT (print or by Tech Internat Office on Ville, FL	a change) DPY DO NOT U 1 24 1 24 1 24 1 24 1 24 1 24 1 24 1 24 1 24 1 24 1 24 1 24	4. For printing page, list the 3 registered OR, alternativing as a attorney or no name with the second of the seco	on the patent front le names of not more than d patent attorneys or agents tively, the name of a firm member a registered agent. If no name is listed, lil be printed. Ba: The following fees are enclor Sissue Fee	Thomas (2 3 3 Sect. Sect	C. Saitta	

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE Commissioner of Patents and Trademarks Washington, D.C. 20231

on	-	April 7, 19	· · · · · · · · · · · · · · · · · · ·	; 			
		Thomas C. S	(Date)		i kari	· · · · · · · · · · · · · · · · · · ·	y'
(Name of	perso	n making deposit)	Sotto	· vv · · ·			
(Signatur	e)			·			
		April 7, 19	95				
(Date)							

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.

BEST AVAILABLE COPY